

EVALUATION OF PROPOSED TRAINING COURSE (ER 690-1-414)		ULC CONTROL NUMBER	CEHR-ULC
TO: DIRECTOR USACE Learning Center PO Box 1600-CEHR-ULC Huntsville, AL 35816		DATE OF SUBMISSION:	
<p align="center">PART I</p> <p>ORIGINATOR WILL COMPLETE PART I AND FORWARD ALL PARTS TO CEHR-ULC, IF ORIGINATOR IS ALSO PROPONENT, COMPLETE PARTS I AND III BEFORE SENDING TO CEHR-ULC; USE ADDITIONAL SHEETS IF NECESSARY. ATTACH DRAFT COURSE DESCRIPTION.</p>			
1. PROPOSED COURSE TITLE		2. SUGGESTED HQUSACE COMMUNITY OF PRACTICE	
3. EXPLAIN WHY THIS COURSE IS NEEDED AND WHAT KNOWLEDGE, SKILLS, AND ABILITIES TRAINEES SHOULD OBTAIN FROM THE COURSE			
4. SUGGESTED TASK/TOPICS TO BE COVERED BY THIS COURSE			
5. TARGET AUDIENCE (List the types of employees who should attend, include functional areas, grade level, and series of potential students. List any knowledge or skills nominees should have <u>before</u> attending this class).			
6. COMMENTS			
NAME, TITLE AND ORGANIZATION (Type or Print)	SIGNATURE	TELE NO (Incl Area Code)	
		DATE	
<p align="center">PART II</p> <p align="center">PROPONENT, COMMUNITY OF PRACTICE LEADER ASSIGNING COURSE</p>			
COURSE PROPONENT			
NAME, TITLE AND ORGANIZATION (Type or Print) CoP LEADER	SIGNATURE	TELE NO (Incl Area Code)	
		DATE	

PART III COURSE PROPONENT COMPLETES PART III AND RETURNS TO CEHR-ULC. USE ADDITIONAL SHEETS IF NECESSARY.				
1. GENERAL a. CURRICULUM STABILITY (1) HOW OFTEN ARE CHANGES ANTICIPATED? (2) WHAT TYPES OF CHANGES WOULD BE INVOLVED? (e.e. regulation, update/changes, on-the-job task changes, etc) (3) HOW EXTENSIVE WOULD THE CHANGES BE? (e.g. major-entire course; moderate-half the course; minor-little changes; etc) b. WHEN IS THE FIRST TRAINING NEEDS? (Qtr/Yr) c. THE LEVEL BEING TRAINING (e.g.,. BASIC OR ADVANCED)				
2. SPECIAL COURSE CONSIDERATIONS (e.g. equipment needs, computer time, funding, regional application, etc)	3. Estimated # to be training - Explain the method used to determine these numbers in block 6			
4. RECOMMEND CLASSROOM _____ OR DISTANCE LEARNING _____ (EXPLAIN RECOMMENDATION)				
5. REMARKS (AMPLIFY/CLARIFY/VERIFY INFORMATION IN PART I)				
NAME, TITLE AND ORGANIZATION (Type or Print)	SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">TELE NO (Incl Area Code)</td> </tr> <tr> <td style="padding: 2px;">Date</td> </tr> </table>	TELE NO (Incl Area Code)	Date
TELE NO (Incl Area Code)				
Date				

PART IV CEHR-ULC COMPLETES AND FORWARDS TO PROPONENT BY SUSPENSE DATE.			
1. COURSE TITLE			
2. CEHR-CONTROL NUMBER	3. CLASS SIZE (IF CLASSROOM TRAINING SELECTED)	4. CLASS LENGTH	
5. SIMILAR COURSE OR DUPLICATION OR SUBJECT MATTER OFFERED IN OTHER COURSE BY USACE, FEDERAL GOVERNMENT, INDUSTRY OR ACADEME (EXPLAIN RESEARCH METHOD AND RESULTS)			
6. RECOMMEND CLASSROOM _____ OR DISTANCE LEARNING _____ (EXPLAIN RECOMMENDATION)			
7. ESTIMATED COST IN COLLARS <div style="display: flex; justify-content: flex-end; align-items: center;"> a. DEVELOPMENT \$ _____ b. FIRST YEAR \$ _____ </div>			
8. PROPOSED SURVEY SCHEDULE (SESSION #, DATES, LOCATIONS)			
9. REMARKS-CEHR-ULC REACTION IN TERMS OF FUNDING, INSTRUCTOR, AVAILABLE, CEHR-ULC STAFF REQUIRED, TIME NEEDED FOR DEVELOPMENT, ETC.			
10. PREPARED BY			
NAME, TITLE (TYPE OR PRINT)	SIGNATURE	TELE NO (INCL AREA CODE)	
		DATE	
APPROVED BY			
NAME, TITLE (TYPE OR PRINT)	SIGNATURE	TELE NO (INCL AREA CODE)	
		DATE	